## FORM D

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**UNITED STATES** SECURITIES AND EXCHANGE COMMISSION

SEC Viail Processing Section

800772 郊北

Hesangiun, 62 PQD

Washington, D.C. 20549

## **FORM D**

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

14390	04
OMB APPR	OVAL
OMB Number:	3235-0076
Expires:	
Estimated Average E	Burden
Hours per Response	16.00

SEC USE ONLY										
Prefix		Serial								
•										
	TE RECEI	VED								
UA	IE RECEI	VED								

Name of Offering ([] check if this is an amendment a					ed, an	nd indicate	: change.	.)	
OSTARA NUTRIENT RECOVERY TECHNO									
Private Placement of 370,000 Common Shares and	Issu	ance	of 3	370,00	0 Wa	rrants <sup>(1)</sup>			
Filing Under (Check box(es) that apply):   Rule 504							ection 4(6	6) ULOE	
Type of Filing: [X] New Filing [ ] Amendment									
A. BASIC	IDEN	TIFIC	<u>ITA:</u>	ON D	ATA_			<b>PROCESS</b>	ED_
Enter the information requested about the issuer									
Name of Issuer (   check if this is an amendment and				_	and	indicate cl	nange.)	JUL 0 1 2008	₹
OSTARA NUTRIENT RECOVERY TECHNO				3. <u> </u>				<u> </u>	
Address of Executive Offices (Number and Street, City, Sta	ite, Zi	p Cod	e)		Tele	phone Num	iber (Inclu	THOWISON REL	ITERS
690-1199 West Pender Street					(604	) 408-669	7	omon (CEC	ILICO
Vancouver, British Columbia, Canada V6E 2R1			<del></del>					" . A O - d - \	
Address of Principal Business Operations (Number and Stre	et, Ci	ty, Sta	ate, Z	Zip	Telep	phone Num	iber (Inclu	uding Area Code)	
Code) (if different from Executive Offices)									
(same as above)					(san	ne as ab <u>o</u>	ve)	<del></del>	
Brief Description of Business				f.			ar and <i>e</i>	ogualos it into for	ilizor
Development of a proprietary technology that remo	ves	pnos	pno	rus ir	om w	vaste wat	er and re	ecycles it into len	ilizer
Type of Business Organization  ☑ corporation ☐ limited partnership, a	leaadu	, form	۸d			□ other (	please sp	necify):	
□ business trust □ limited partnership, to						Li oniei (	hicase sh	beony).	
D business trust	Mor			Year					
Actual or Estimated Date of Incorporation or Organization:	0	5	2			- <del>- □</del> - □	ctual	☐ Estimated	
Jurisdiction of Incorporation or Organization: (Enter two-lett	_	_	_				<del>Ottaa.</del>		
abbreviation for State: CN for Canada; FN for other foreign				000		CN			
GENERAL INSTRUCTIONS	<b></b>								
Federal:					_	4			_
Who Must File: All issuers making an offering of securities in reliar 15 U.S.C. 77d(6).	ice on	an exe	empti	on und	er Reg	ulation D			or
When to File: A notice must be filed no later than 15 days after the	first sa	ale of s	ecuri	ties in t	he offe	ring. A not	1100000	I PINA A BITAN BINAD ARKAN MAKIN BIYUDA MAKIN IDAN	ies
and Exchange Commission (SEC) on the earlier of the date it is re-	ceived	by the	SEC	at the	addres	ss given be	)		the
date on which it is due, on the date it was mailed by United States r									
Where to File: U.S. Securities and Exchange Commission, 450 Fifth Copies Required: Five (5) copies of this notice must be filed with the							(	08053968	ust
be photocopies of manually signed copy or bear typed or printed sig			)  <b>44</b>	icai ilius	it be iii	andany si	•		500
Information Required: A new filing must contain all information re	equest	ed. An	nendi	ments r	need o	nly report t	ne name o	of the issuer and offeri	ng, any
changes thereto, the information requested in Part C, and any mai	terial c	hange	s fron	n the in	format	tion previous	ly supplied	d in Parts A and B. Par	t E and
the Appendix need not be filed with the SEC. Filing Fee: There is no federal filing fee.									
State:									
This notice shall be used to indicate reliance on the Uniform	n Lim	ited C	)fferi	na Exe	motio	n (ULOE) f	or sales (	of securities in those	states
that have adopted ULOE and that have adopted this form	. Issu	ers re	elying	g on U	LÓE	must file a	separate	notice with the Se	curities
Administrator in each state where sales are to be, or have to				_					
claim for the exemption, a fee in the proper amount shall a									ates in
accordance with state law. The Appendix in the notice const				<u>nis not</u>	ice an	d must be	completed	d	
		ENTIC				_		. #1 41	
Failure to file notice in the appropriate states will not result in									
federal notice will not result in a loss of an available state exe								ne ming of a receral n	ouce.
SEC 1972 (6-02) required to respond unless the form of									
				·	n.				

The common shares were offered at a subscription price of CDN\$1.25 (US\$1.26<sup>(2)</sup>) per share. One bonus warrant (each, a "Warrant") was issued to each purchaser for each common share purchased in this placement. Each Warrant is convertible (based on a specified formula) into, and entitles the holder thereof to receive for no additional consideration, one fully-paid and non-assessable common share in the capital of the Issuer based on the occurrence of a triggering event.

(2)	U.S. Dollar equivalent based on the noon buying rate in New York on May 30 for customs purposes, of 0.9938.	), 2008, as certified by the New York Federal Reserve Bani

Page 2 of 9

220272.1

A. BASIC IDENTIFICATION DATA
2. Enter the information requested for the following:
Each promoter of the issuer, if the issuer has been organized within the past five years;
Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of
equity securities of the issuer;
Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership
issuers; and
Each general and managing partner of partnership issuers.
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer ☑ Director ☐ General/Managing Partner
Full Name (Last name first, if individual)
ABRARY, F. PHILLIP
Business or Residence Address (Number and Street, City, State, Zip Code)
690-1199 West Pender Street, Vancouver, British Columbia, Canada V6E 2R1
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer ☑ Director ☐ General/Managing Partner
Full Name (Last name first, if individual)
JONES, EDWARD
Business or Residence Address (Number and Street, City, State, Zip Code)
690-1199 West Pender Street, Vancouver, British Columbia, Canada V6E 2R1
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director ☐ General/Managing Partner
Full Name (Last name first, if individual)
ALBACH, GARY
Business or Residence Address (Number and Street, City, State, Zip Code)
690-1199 West Pender Street, Vancouver, British Columbia, Canada V6E 2R1
Check Boy(oc) that Apply:     Promotor     Peneticial Owner     Evecutive Officer     Director     General/Managing Partner
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director ☐ General/Managing Partner
Full Name (Last name first, if individual)
McHUGH, JOSEPH
Business or Residence Address (Number and Street, City, State, Zip Code)
690-1199 West Pender Street, Vancouver, British Columbia, Canada V6E 2R1
OL 4 D 4 N 4 A 1 M D 4 M D 6 A 1 D 6 A
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director ☐ General/Managing Partner
Full Name (Last name first, if individual)
MAVINIC, DON
Business or Residence Address (Number and Street, City, State, Zip Code)
690-1199 West Pender Street, Vancouver, British Columbia, Canada V6E 2R1
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director ☐ General/Managing Partner
Full Name (Last name first, if individual)
COYNE, CHRIS
Business or Residence Address (Number and Street, City, State, Zip Code)
690-1199 West Pender Street, Vancouver, British Columbia, Canada V6E 2R1
(Use blank sheet, or copy and use additional copies of this sheet as necessary)

				B. I	NFORMA	TION A	BOUT O	FFERING	···			
	issuer sol		the issue						*******		Yes	No
offering?	•••••				A		A manamatics	Caluma 1	) if filing u	ndor III O	DE. 🗆	<b>23</b>
2. What is	the minim	um invest	ment that	will be ac					2, if filing u	nder OLO	,	E31
					•	,						A1-
0 Dans 45		<b></b> .	4 1								Yes ⊠	No □
	e offering p			•	igle unit?	• • • • • •					IÇI	О
4. Enter th	ne informat	ion reque	sted for ea	ach perso	n who has	been or	will be pai	d or given	, directly o	or indirect	ly,	
	mmission o											
	offering. If a C and/or w											
be liste	ed are asse	ociated pe										
	or dealer o (Last nam		adividual\									**
N/A	(Last Hail	ie iii st, ii ii	idividual)									
Business (	or Residen	ce Addres	s (Numbe	er and Stre	eet, City, S	state, Zip	Code)					
	Associated	Broker or	Dealer									
N/A												
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]
[/\c]	[IN]	[/A_] [IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[/\]	[VT]	[VA]	[WA]	[MA]	[WI]	[WY]	[PR]
	(Last nam			[174]		[4,1]	[****]		[,, ,]	[,,,,]	[]	
	•											
Business	or Residen	ce Addres	s (Numbe	r and Stre	et, City, S	state, Zip (	Code)					
Name of A	Ssociated	Broker or	Dealer					····				
States in V	Which Pers	on Listed	Has Solic	ited or Int	ends to So	olicit Purc	hasers (C	heck "All S	States" or	check ind	ividual State:	s) 🗆 All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	(WI)	[WY]	[PR]
Full Name	(Last nam	e first, if in	ndividual)									·
Business	or Residen	oo Addros	e (Numbo	e and Stee	not City S	toto Zin (	Codo					
Dusiness (	oi Residell	ce Addres	s (wantbe	i and Sue	set, City, S	state, Zip v	Code)					
Name of A	Associated	Broker or	Dealer							<del>-</del>	-	
States in V	Which Pers	on Listed	Has Solic	ited or Int	ends to So	olicit Purci	hasers (C	heck "All S	States" or	check ind	ividual States	s) 🗆 All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	(ID)
(IL)	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last nam	e first, if in	ndividual)								W	
Business	or Residen	ce Addres	s (Numbe	r and Stre	eet. Citv. S	itate. Zin (	Code)					<del>.</del> .
			<u> </u>		,,,	ip	<del>-</del> ,	<del></del>				
	Associated			ited or let	ands to S	alioit Dural	hacare (C	hack #All t	Statos" or	chast ind	ividual States	s)   All States
[AL]	(AK)	[AZ]	[AR]	(CA)	[CO]	CT]	DE)	[DC]	[FL]	[GA]	(HI)	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[M]	[MN]	[MS]	[MO]
(MT)	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
(RI)	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	(PR)

(Use blank sheet, or copy and use additional copies of this sheet as necessary)

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box □ and indicate

	and the total amount already sold. Enter "0" if answer is "none" or "zero."  If the transaction is an exchange offering, check this box □ and indicate			
	in the columns below the amounts of the securities offered for exchange			
	and already exchanged.	Aggregate		Amount Already
	Type of Security	Offering Price		Sold
	Debt	\$0		\$0
	Equity	\$0		\$0
	☑ Common □ Preferred	\$466,200 <sup>(1)(2)</sup>		\$466,200 <sup>(1)(2)</sup>
	Convertible Securities (Including warrants)	\$0		\$0
	Partnership Interests	_\$0		\$0
	Other (Specify):	\$0		\$0
	Total	\$466,200 <sup>(1)(2)</sup>		\$466,200 <sup>(1)(2)</sup>
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors		Aggregate Dollar Amount Of Purchases
	Accredited Investors	6		\$466,200 <sup>(1)(2)</sup>
	Non-accredited Investors	NIL		\$ NIL
	Total (for filings under Rule 504 only)	N/A		\$ N/A
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.  Type of offering Rule 505  Regulation A  Rule 504	Type of Security N/A N/A N/A		Dollar Amount Sold \$ N/A \$ N/A \$ N/A \$ N/A
	Total	N/A		\$ N/A
4. 3	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees			\$0
	Printing and Engraving Costs			\$0
	Legal Fees		×	\$2,500
	Accounting Fees			\$0
	Engineering Fees			\$0
	Sales Commissions (Specify finders' fees separately)			\$0
	Other Expenses (Identify): State Filing Fees		×	\$600
	Total		X	\$3.100

4.	b. Enter the difference between the aggreg response to Part C - Question 1 and total expresponse to Part C - Question 4.a. This differ proceeds to the issuer.	enses furnished in				\$463,100	(1)(2)
5.	Indicate below the amount of the adjusted groused or proposed to be used for each of the pamount for any purpose is not known, furnish box to the left of the estimate. The total of the equal the adjusted gross proceeds to the issu Part C - Question 4.b above.	urposes shown. If the an estimate and check the payments listed must		Payments Officers, Directors, Affiliates	&	Paymer Othe	
	Salaries and fees			\$0		\$0	
	Purchase of real estate			\$0		\$0	
	Purchase, rental or leasing and installation and equipment			\$0		\$0	
	Construction or leasing of plant buildings	and facilities		\$0		\$0	
	Acquisition of other businesses (includi involved in this offering that may be used or securities of another issuer pursuant to Repayment of indebtedness	ng the value of securities in exchange for the assets a merger)		\$0 \$0		\$0 \$0 \$0	
	Working capital			\$0 \$0	— 🛮	\$463,100	(1)(2)
	Other (specify): GENERAL CORPORA Column Totals			\$0	🖂	\$463,100	(1)(2)
	Total Payments Listed (Column total		_	⊠ \$463	,100(1)(2)	4.001.00	
(2)	in the capital of the Issuer based on the occurrence U.S. Dollar equivalent based on the noon buying refor customs purposes, of 0.9938.	ate in New York on May 30, 200	8, as	certified by the I	Vew York I	Federal Rese	erve Bank
		). FEDERAL SIGNATURE					
Ri Co	e issuer has duly caused this notice to be sig the 505, the following signature constitutes an emmission, upon written request of its staff, the paragraph (b)(2) of Rule 502.	undertaking by the issuer	to fu	mish to the U.	.S. Secur	ities and E	xchange
1	suer (Print or Type) STARA NUTRIENT RECOVERY	Signature			Date		
1	ECHNOLOGIES INC.				June	25	, 2008
Na	ame of Signer (Print or Type)	Title of Signer (Print or T	voe)	ı			
	F. Phillip Apram	Presiden					
	Intentional misstatements or emission	ATTENTION	inal w	iolatione (Social	R 11 S C 40		
L	Intentional misstatements or omissio	ns of fact constitute rederal crim	nai Vi	olations. (See 1	0.3.C. IU	V1.)	

0350555.1

E. STATE SIGNATURE											
1.	Is any party described in 17 CFR 230.252(c), disqualification	(d), (e) or (f) presently subject to any of the	Yes	No							
	provisions of such rule?			Ø							
	See Appe	endix, Column 5, for state response									
2.	The undersigned issuer hereby undertakes to notice on Form D (17 CFR 239,500) at such t	o furnish to any state administrator of any state	in which this n	otice is filed, a							
3.		to furnish to the state administrators, upon	written reques	st, information							
	furnished by the issuer to offerees.										
4.	The undersigned issuer represents that the i	issuer is familiar with the conditions that must	be satisfied to	be entitled to							
	the Uniform Limited Offering Exemption (ULC	OE) of the state in which this notice is filed and	d understands	that the issuer							
	claiming the availability of this exemption has	the burden of establishing that these condition	S Have Deen So	ationed.							
	e issuer has read this notification and knows that by the undersigned duly signed person.	the contents to be true and has duly caused the	nis notice to be	signed on its							
Iss	uer (Print or Type)	Signature	Date								
1	STARA NUTRIENT RECOVERY			_							
	CHNOLOGIES INC.		June 2	<i>5</i> , 2008							
No	me of Signer (Print or Type)	Title of Signer (Print or Type)									
140	ine or Signer (Frincor Type)	DVEK, days									

## Instruction:

\*\*\*\*\*\*\*\*

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually singed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				APP	ENDIX	<u> </u>					
1	Intend to non-action inves	to sell to credited tors in ate	Type of security and aggregate offering price offered in state		4  Type of Investor and  Amount purchased in State				5 Disqualification under State ULOE (If yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	-Item 1) No	(Part C-Item 1) Share of Common Stock (SHARE(1)) and Warrant	Number of Accredited Investors	Accredited Accredited						
AL									ļ		
AK		<u> </u>									
AZ		ļ									
CA		X	92,000 Shares <sup>(1)</sup> at an aggregate price of \$115,920 <sup>(2)</sup> and 92,000 Warrants <sup>(1)</sup> for no additional consideration	3	\$115,920 <sup>(2)</sup>	0	0		X		
CO CT		<u> </u>							 		
DE											
DC					<u> </u>				-		
FL		X	238,000 Shares <sup>(1)</sup> at an aggregate price of \$299,880 <sup>(2)</sup> and 238,000 Warrants <sup>(1)</sup> for no additional consideration	2	\$299,880 <sup>(2)</sup>	0	0		X		
HI											
ID						<del>                                     </del>					
IL											
IN											
IA .				-				<del> </del>	<b> </b>		
KS KY			1					<del>  -</del>			
LA								<del> </del>	<u> </u>		
ME		l						<del> </del>	<del>                                     </del>		
MA		<del> </del>									
MD								<del>                                     </del>	"-		
MI			<del> </del>								
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NM											
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				APP	ENDIX				
1	Intend findend findender in the second findender in th	to sell to credited tors in ate -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of Investor and Amount purchased in State (Part C-Item 2)				
State	Yes	No	Share of Common Stock (SHARE <sup>(1)</sup> ) and Warrant	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
NY		ļ							
NC									
ND									
ОН									<u> </u>
OK									
OR									İ.,
PA				·		-			
RI									
SC									
SD									
TN		Ī							
TX		i							
VT									
VA				- · · · · · · · · · · · · · · · · · · ·					
WA		Х	40,000 Shares <sup>(1)</sup> at an aggregate price of \$50,400 <sup>(2)</sup> and 40,000 Warrants <sup>(1)</sup> for no additional consideration	1	\$50,400 <sup>(2)</sup>	0	0		x
WV		ļ						ļ	<u> </u>
WI								ļ	
WY									
PR			1					l	I

<sup>(1)</sup> The common shares were offered at a subscription price of CDN\$1.25 (US\$1.26<sup>(2)</sup>) per share. One bonus warrant (each, a "Warrant") was issued to each purchaser for each common share purchased in this placement. Each Warrant is convertible (based on a specified formula) into, and entitles the holder thereof to receive for no additional consideration, one fully-paid and non-assessable common share in the capital of the Issuer based on the occurrence of a triggering event.

(2) U.S. Dollar equivalent based on the noon buying rate in New York on May 30, 2008, as certified by the New York Federal Reserve Bank for customs purposes, of 0.9938.

